

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

487 493

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....**St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G. Phillips Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....**9 days**  
(Specify whether  
In this community.....**23 years**  
years, months or days)

3. (a) PRINT FULL NAME.....**James Kimble**

3. (b) If veteran, name war.....**no**  
3. (c) Social Security No.....**None**

4. Sex.....**Male 2**  
5. Color or race.....**Col.**  
6. (a) Single, widowed, married, divorced.....**Married**

6. (b) Name of husband or wife.....**Melissa Kimble**  
6. (c) Age of husband or wife if alive.....**67** years

7. Birth date of deceased.....**About 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62** **0** **-** **hr.** **min.**

9. Birthplace.....**Merdian Miss.**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Nil.**

11. Industry or business.....

12. Name.....**Heff Kimble**  
13. Birthplace.....**Merdian Miss.**  
(City, town, or county) (State or foreign country)

14. Maiden name.....**Emoree .?**  
15. Birthplace.....**Merdian Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Melissa Kimble**  
(b) Address.....**4126 Finney Ave.**

17. (a) **Burial** (b) Date thereof.....**Jan. 17, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Washington Park Cem.**

18. (a) Signature of funeral director.....**Wright, s Funeral Home.**  
(b) Address.....**3109 Easton Ave.**

19. (a) **JAN 16 1942** (b) **J. D. Brudek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri,** (b) County.....**St. Louis,**  
(c) City or town.....**St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....**4126 Finney Ave. 0**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**January** day.....**14,**  
year.....**1942** hour.....**1** minute.....**05** A. M.

21. I hereby certify that I attended the deceased from.....**January 5,**  
19.....**42** to.....**January 14,** 19.....**42**  
that I last saw h.....im alive on.....**January 14,** 19.....**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Cerebral Hemorrhage**  
Duration.....**Unk.**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(c) Means of injury.....

23. Signature.....**J. W. Johnson** (M. D. or other)  
Address.....**2601 N. Whittier** Date signed.....**11/4/42**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William C. McDowell....., Registered Apprentice No.....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**